



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
120.00

Complete if Known

Application Number	10/806,249
Filing Date	03/23/2004
First Named Inventor	MACKEWITZ
Examiner Name	WITHERSPOON
Art Unit	1621
Attorney Docket No.	54392

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 141437 Deposit Account Name: Novak Druce LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>ASSIGNMENT DECLARATION TWO (2) MONTH EXTENSION</u>	120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 42.205	Telephone 202-204-4740
Name (Print/Type)	Jason D. Voight reg. no. 42.205	Date 07/25/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IPW
\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Mail Stop AMENDMENT
)
MACKEWITZ et al.) Confirmation No.: 1775
)
Serial No. 10/806,249) Examiner: WITHERSPOON
)
Filing or 371(c) Date: 3/23/2004) Art Unit: 1621
)

FOR: HYDROFORMYLATION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 703-872-9306, on July 25, 2005.

Typed or printed name of person signing this certificate: Jason D. Voight

Signature: *Jason D. Voight*

Honorable Commissioner for Patents
Alexandria, Virginia 22313-1450

REPLY UNDER 37 C.F.R. §1.111

In reply to the Office action of March 25, 2005, it is respectfully requested that the following remarks and the attached claim amendments be entered and considered for further prosecution of the above-identified application.

Please charge the \$120 one-month extension fee to the credit card listed on the enclosed form PTO-2038. Please charge any shortage in fees due in connection with the filing of this paper to Deposit Account No. 14.1437. Please credit any excess fees to such account.

07/27/2005 FMEK11 00000041 10806249

01 FC:1251

120.00 DP

Respectfully submitted,
NOVAK DRUCE DeLUCA & QUIGG LLP

Jason D. Voight
Jason D. Voight
Reg. No. 42,205

Customer No. 26474
1300 Eye Street, N.W.
Suite 400 East
Washington, D.C. 20005
(202) 659-0100